Proliance South Seattle Otolaryngology
Hoarseness Questionnaire

NAME: _______________________________ Date: ________________

I. Please check the level of your voice use:
   ____ Elite vocal performer (singer, actor)
   ____ Professional voice used (clergyman, lecturer)
   ____ Vocal professional (teacher, lawyer)
   ____ Non-vocal professional (technical, clerk)

II. Please answer and check as applies to your hoarseness:
   How long have you had your voice problems? ________________________________
   Do you know what caused your voice problems? _______________________________
   Did your voice problem come on _____ slowly or _____ suddenly?
   Is your voice problem getting ____ worse, ____ better, or ____ staying the same?
   Is your voice problem:
      ____ pretty consistent now
      ____ have periods of normal voice at times. Normal periods last for how long? ______

III. Which symptoms do you have? Please check “YES” or “NO” accordingly.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>_____</td>
<td>Hoarseness (coarse, harsh or scratchy sound).</td>
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<td>_____</td>
<td>Fatigue (voice tires or changes quality after use of voice over a certain period of time).</td>
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<tr>
<td>_____</td>
<td>Aphonia (complete loss of voice at times).</td>
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<td>_____</td>
<td>Diplophonia (double tone during speaking or singing).</td>
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<td>_____</td>
<td>Odynophonia (pain or aching in the throat or neck with long voice use).</td>
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<tr>
<td>_____</td>
<td>Voice Breaks (breaks or cracks in the voice in certain pitches of speech or Singing).</td>
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<tr>
<td>_____</td>
<td>Decrease in vocal range (difficulty with voice outside a small pitch range).</td>
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</table>

IV. Do you use smoke tobacco or marijuana, use any vaping products?
   Which one? ________________________________
   How much? ________________________________
   How long? ________________________________
V. Please answer “YES” or “NO” to questions below and fill in blanks where appropriate.

YES  NO

___ ___  Is your voice worse in the morning?

___ ___  Is your voice worse later in the day after much voice use?

___ ___  Are you exposed to significant amounts of smoke, fumes, or chemicals where you live, work or perform?

___ ___  Do you smoke or chew tobacco?
  How much? _______   How long? _______

___ ___  Do you vape?
  How much? _______   How long? _______

___ ___  Do you smoke marijuana?
  How long? _______

___ ___  Do you smoke illicit drugs?
  How long? _______

___ ___  Do you have acid indigestion, heart burn, or hiatal hernia?

___ ___  Do you have a bitter or acid taste or a burning throat first thing in the morning?

___ ___  Do you have _____ excessive weight gain, _____ change in skin or hair, _____ thyroid problems?

___ ___  Do you have a sensation of a lump in your throat?

___ ___  Do you have a cough?

___ ___  Do you know of anything that makes your voice problem worse?
  If so, what? _____________________________________________

___ ___  Anything that makes the voice better?
  If so, what? _____________________________________________

___ ___  Do you have nasal or sinus drainage down the back of your throat that you feel irritates your voice?

___ ___  Do you have allergies or hay fever?

___ ___  Do you have rheumatoid arthritis?

___ ___  Are you known to speak extensively or excessively on a regular basis?